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Electronic Patent Application Submission

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EFS ID: 63069

Application ID: 10605132



Title of Invention: Wound healing with feedback control

First Named Inventor: Jerrold Petrofsky

Domestic/Foreign Application: Domestic Application

Filing Date: 2003-09-10

Effective Receipt Date: 2004-06-22

Submission Type: Information Disclosure Statement

Filing Type:

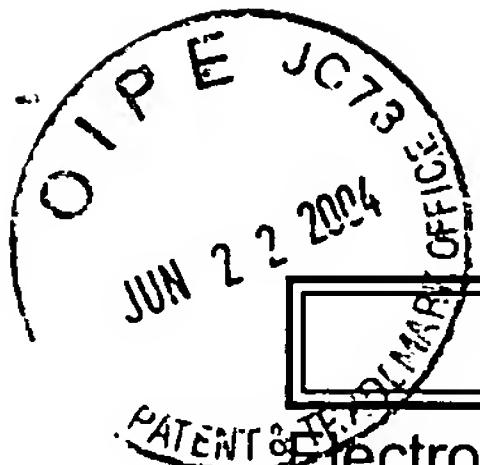
Confirmation number: 2131

Attorney Docket Number: 13999-2

Total Fees Authorized:

Digital Certificate Holder: cn=Robert Rose,ou=Registered Attorneys,ou=Patent and Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US

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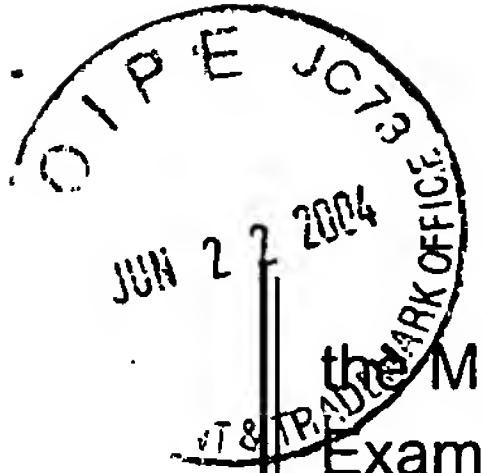


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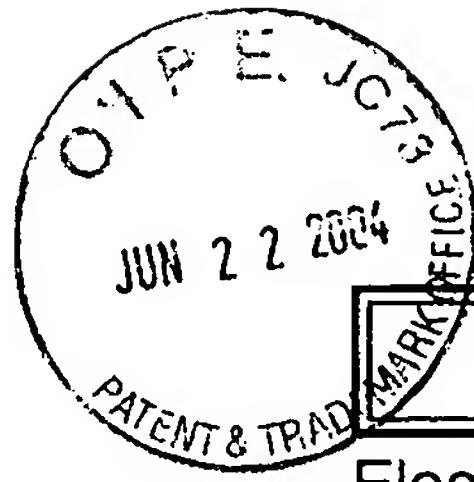
Electronic Version v1.1

Stylesheet Version v1.1.0

Title of Invention	Wound healing with feedback control	
Application Number:	10/605132	
Date:	2003-09-10	
First Named Applicant:	Jerrold S. Petrofsky	
Confirmation Number:	2131	
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<p>I hereby certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.</p> <p>I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.</p>		
Submitted by:	Elec. Sign.	Sign. Capacity
Robert J. Rose Registered Number: 47037	/robertjrose/	Attorney
Documents being submitted us-ids	Files E-IDS13999-2-usidst.xml us-ids.dtd us-ids.xls	
Comments	<p>It is believed that this disclosure complies with the requirements of 37 C.F.R. 1.56 and</p>	



the Manual of Patent Examining Procedures Section 707.05 (b). If for some reason the Examiner considers otherwise, it is respectfully requested that the undersigned be called so that any deficiencies can be remedied. Applicant believes that because this Disclosure Statement is being submitted within three months of the filing date and/or before the first Office Action on the merits, no fee is due. If this is incorrect, please charge any necessary fee for consideration of this Disclosure Statement to Deposit Account No. 19-2090 (Sheldon and Mak). No fee is believed due in connection with this communication. However, if it is determined that a fee is due, the Commissioner is hereby authorized to charge payment of any fees to Deposit Account No. 19-2090.



ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18
Stylesheet Version v18.0

Title of Invention	Wound healing with feedback control
Application Number:	10/605132
Confirmation Number:	2131
First Named Applicant:	Jerrold Petrofsky
Attorney Docket Number:	13999-2
Art Unit:	3762
Search string:	(3760812 or 4738250 or 4760852 or 5158081 or 5423874 or 5433735 or 5861016 or 6185455 or 6334069 or 6353763 or 6393326 or 6512955).pn.

US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
	1	3760812	1973-09-25	Timm et al.		128	418
	2	4738250	1988-04-19	Fulkerson et al.		607	50
	3	4760852	1988-08-02	Lekhohm		607	116
	4	5158081	1992-10-27	McWhorter et al.		607	50
	5	5423874	1992-06-23	DAlerta		454	251
	6	5433735	1995-07-18	Zanakis		607	50
	7	5861016	1999-01-19	Swing		607	50
	8	6185455	2001-02-06	Loeb		607	3
	9	6334069	2001-12-25	George		607	2
	10	6353763	2002-03-05	George		607	50
	11	6393326	2002-05-21	Nachum		607	50
	12	6512955	2003-01-28	McEnany		607	72

Signature

Examiner Name	Date

